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United Nations Population Fund

Country programme document for South Sudan

Proposed indicative UNFPA assistance:	$ 24.1 million: $ 5.6 million from regular resources and $ 18.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	One and a half years (July 2016 – December 2017)
Cycle of assistance:	Second
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.4	17.0	20.4
Outcome 2	Adolescents and youth	0.8	0.5	1.3
Outcome 4	Population dynamics	0.6	1.0	1.6
Programme coordination and assistance		0.8	-	0.8
Total		**5.6**	**18.5**	**24.1**

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I. Situation analysis

1. South Sudan gained its independence in July 2011 after more than 50 years of conflict. It has an estimated population of 11.63 million (52 per cent males and 48 per cent females), of which 51 per cent is aged below 18 years and 72 per cent under 30 years. Women of childbearing age (15-49 years) constitute 20 per cent of the population. The total fertility rate is 5.0 and 6.7 for urban and rural areas respectively. Life expectancy at birth is 53 years for males and 55 years for females; 81 per cent of the population lives in rural areas.

2. In December 2013, an armed conflict erupted in Juba and rapidly engulfed six of the ten states. In late 2015, the Peace Agreement was signed, but implementation is delayed, including the formation of a transitional government. The ongoing conflict and declines in oil production and global oil prices have had a devastating impact on the economy and on the government ability to deliver basic services. The short to medium-term economic outlook portends increased dependence on donor support for delivery of critical services, including humanitarian response.

3. The 2016 Humanitarian Response Plan estimates that over 6.1 million people will require humanitarian assistance, of which, government and health partners estimate, 4.7 million people will be in need of health services, including sexual and reproductive health such as skilled birth attendances, emergency obstetric care, family planning and gender-based violence services, such as clinical management of rape survivors and psychosocial support. Currently, more than 2.3 million people are displaced, including 1.66 million internally displaced and 644,900 who moved to Uganda, Ethiopia or Kenya.

4. The maternal mortality ratio has only improved marginally since 2006, from 2,054 per 100,000 live births to 1,989 per 100,000 live births. The number of obstetric fistula cases is estimated to be 60,000. The main contributing factors for maternal deaths and disabilities in the country include low skilled attendance at birth (11 per cent), critical shortage of human resources for health and low uptake of family planning services due to a pervasive pro-natalist culture and limited availability of information and services. The contraceptive prevalence rate is 4.5 per cent for all methods. Further, there is limited access to comprehensive and basic emergency obstetric care services, with 57 per cent of health facilities non-functional in the conflict affected areas. Those marginally functional health facilities have crumbling infrastructure, with severe shortage of space, staff, essential medicines and equipment, and are largely inaccessible due to poor transport systems and insecurity. Other challenges to health service delivery include lack of professional regulations for mid-level health cadres and unavailability of clinical guidelines.

5. South Sudan has an exceptionally high teenage pregnancy rate (300/1,000 for girls aged 15-19 years), attributable to the high rate of girl child and forced marriage (45 per cent of girls enter into union before the age of 18) and limited access of young people to youth-friendly sexual reproductive health information and services. While the mean HIV prevalence rate was 2.7 per cent in 2012, adolescents and youth are the most affected age group, with 56.9 per cent of new infections occurring among persons aged 10-34 years.

6. Combatting gender inequality and gender-based violence is very difficult in South Sudan, as cultural norms often discourage reporting of incidences. Women and girls have very limited or no access to education and empowerment opportunities, further contributing to increased risk of exposure to violence. The situation has been aggravated by the conflict-related mass displacements, large numbers of armed actors and a weak legal system. Sexual violence, including rape, constituted one in every four incidents recorded by the Gender-Based Violence Information Management System, with 21 per cent of internally displaced women reporting having been raped during the ongoing crisis.

7. A major challenge to evidence-based policymaking and planning in population issues is lack of up-to-date data. Although some effort has been made to collect data through sample surveys, critical information remains unavailable, particularly on specific groups such as adolescents and youth, women, and other vulnerable populations.

II. Past cooperation and lessons learned

8. During the first country programme (2012-2016), UNFPA (i) delivered an integrated package of life-saving reproductive health and gender-based violence information and services to 1.5 million crisis affected people; (ii) effectively coordinated 45 stakeholders, including local and international non-governmental organizations and United Nations agencies, of the gender-based violence subcluster and 40 partners of the reproductive health working group at the national and state levels; (iii) trained over 1,178 health providers on critical reproductive health and gender-based violence topics, including clinical management of rape and provision of psychosocial support to survivors of rape; (iv) financially and technically supported establishment, expansion and renovation of facilities in 9 out of 12 major internally displaced hosting locations; (v) recruited and deployed over 200 critical health and gender-based violence staff in five conflict-affected states; (vi) procured and distributed medicines and equipment, including 3,718 health kits and 6 ambulances, to Juba and four conflict affected sites of Mingkaman, Malakal, Bor and Bentiu; (vii) trained five dedicated gender officers who ensured that line ministries and institutions are spearheading the integration of gender and efforts to combat gender-based violence in major policy documents; (viii) rolled out the gender-based violence information management system, which has increased the availability of data for advocacy and service delivery; and (ix) developed an effective male engagement framework to mobilize men as agents of change.

9. Efforts to address the gap in human resources critical to reproductive health included: (i) training of 16 national midwifery/nurse tutors and their deployment to four health science training institutions; (ii) training of 242 midwives and nurses and 20 associate clinicians in emergency obstetrics care and surgery; (iii) provision of maternal and newborn health equipment and medicines to 10 health facilities – five in conflict states and five in non-conflict states; (iv) 274,954 pregnant women were reached with antenatal care, 37,646 deliveries were assisted, 3,200 caesarean sections were performed and 50,000 new family planning users were enrolled with support of 45 United Nations Volunteer midwives deployed across the country; (v) 600 women with obstetric fistula cases were mobilized and treated; and (vi) provision of technical support to the development of the Reproductive Health Policy strategic plan and the emergency obstetric and newborn care needs assessment and planning processes.

10. Despite the progress made, there are still shortages of essential reproductive health medicines, equipment and supplies, limited number of qualified service providers and limited engagement of communities in the prevention and response to gender-based violence. The national Gender Policy addresses gender-based violence and women's empowerment but remains largely unimplemented.

11. The adolescent and youth programme supported the training of 26 teachers on comprehensive sexuality education and 63 health care providers on provision of youth-friendly services. As a result, 200,000 adolescents and youth accessed these services in seven supported centres in Torit, Juba and Terekeka. However, a defined package with protocols for provision of adolescent and youth-friendly services is still lacking, coupled with limited awareness, low demand and uptake of services among young people.

12. Completion of the preparation phase for the first population and housing census was fully supported by UNFPA, although the exercise could not take place due the December 2013 conflict. As the Peace Agreement makes a strong reference to the conduct of a census, UNFPA is expected to continue providing technical assistance to the Government. It also

supported, financially and technically, the conduct of several surveys, including the 2015 Humanitarian Protection Strategy Baseline survey to identify the needs of conflict-affected populations.

13. Lessons learned as reflected in the country programme assessment include: (i) efforts to assist South Sudan to launch itself on the path of sustainable development require sustained and intense investments, not only to take care of urgent short-term needs of the population, but also for the long term, to build strong national institutional capacities; (b) the deployment of highly qualified international service providers at national and state levels, with the dual mission of taking care of immediate needs of the population while ensuring skills transfer to local technicians, is still desirable in the given context; and (c) mainstreaming gender and combatting of gender-based violence as cross-cutting components of sexual reproductive health in the new country programme will yield greater programme results, considering the correlation between HIV transmission, age, gender inequality and poor sexual reproductive health outcomes.

III. Proposed programme

14. The proposed programme has been developed through a participatory approach, involving relevant government ministries, development partners and United Nations agencies. It is based on the agreement of the United Nations country team to develop the Interim Cooperation Framework to support the implementation of the new peace agreement for the period July 2016 - December 2017. UNFPA has been further guided by the Sustainable Development Goals, the International Conference on Population and Development Programme of Action and the UNFPA Strategic Plan, 2014-2017.

15. Operating in fragile contexts in South Sudan, UNFPA continues its two-pronged approach of providing developmental and humanitarian assistance. The development approach aims to strengthen national institutions and build the foundation for an integrated health system, while the humanitarian response focuses on the provision of life-saving services. Furthermore, service provision disaggregated data by sex, age and type of service will be collected at all UNFPA supported service delivery points.

A. Outcome 1: Sexual and reproductive health

16. Output 1: Service providers in conflict affected states are able to effectively deliver gender-sensitive sexual and reproductive health services, including gender-based violence response. Interventions include: provision of technical and financial support to governmental and non-governmental partners to deploy reproductive health and gender-based violence response staff at selected service delivery points; coordination of the gender-based violence subcluster and reproductive health working group; scaling-up of coverage of the gender-based violence information management system; procurement and deployment of equipment, medicines and supplies for and minor rehabilitation of service delivery points in conflict-affected states; in-service training of service providers in critical reproductive health services and gender-based violence response, including the minimum initial services package, post-abortion care, and clinical management of rape and psychosocial support; and undertake outreach activities to sensitize and mobilize communities to (i) increase the demand for these services, including utilization of referral services, and (ii) promote gender-based violence community-based prevention, including engagement of men and boys as agents of change.

17. Output 2: The Ministry of Health and its partners are able to ensure the availability of and demand for high-quality integrated reproductive health services, including family planning and fistula treatment. Key interventions include: (i) support the training and the deployment of midwives, nurses and nurse/midwifery tutors; (ii) deploy United Nations Volunteer midwives at 14 targeted health facilities to support in-service training and service provision; (iii) provide technical assistance for the development of regulations on midwifery

and nursing and for the establishment of the regulatory council; (iv) conduct training of doctors, midwives, nurses and associate clinicians on emergency obstetric care; (v) provide reproductive health commodities and supplies to 14 service delivery points; (vi) conduct, in partnership with the Ministry of Health, evidence-based and gender-sensitive demand generation initiatives for reproductive health, including family planning services; (vii) train government and non-government health workers in supply chain and logistics management system; (viii) provide appropriate tools for reporting and forecasting reproductive health commodity needs; (ix) provide technical and financial support to the development and implementation of a national obstetric fistula strategy and the conduct of the maternal mortality survey and related assessments; (x) advocate for the implementation of the Gender Policy; and (xi) undertake gender-equality analysis to inform programming, reporting and policy decisions.

B. Outcome 2: Adolescents and youth

18. Output 1: Reproductive health information and youth-friendly health services, including gender-sensitive HIV/AIDS prevention, are accessible by adolescents and youth. Key strategies and interventions include: (i) training health service providers on youth-friendly services; (ii) developing minimum standards and guidelines for provision of youth-friendly services, including HIV/AIDS prevention; (iii) supporting community engagement on comprehensive sexuality education; (iv) conducting joint evidence-based advocacy with United Nations agencies for the incorporation of adolescent and youth boys and girls needs in national laws and policies, including unrestricted access to adolescents and youth sexual and reproductive health services; (v) providing technical and financial assistance to the Y-Peer networks and other coordination mechanisms to reach adolescents and youth with information and services in five conflict and five non-conflict states; and (vi) providing technical support for advocacy interventions to end child marriage, including engaging traditional and religious leaders for raising awareness on child marriage harmful effects.

C. Outcome 4: Population dynamics

19. Output 1: Improved availability and use of national and state-level data to formulate, implement and monitor policies and programmes. Interventions will include: (i) conducting surveys and assessments to fill data and indicator gaps in sexual and reproductive health, gender and gender-based violence strategies and programmes; (ii) conducting multicluster initial rapid assessments for provision of gender-sensitive and sex-disaggregated humanitarian data; (iii) training of 10 technical staff of the National Bureau of Statistics in data analysis and interpretation for drafting census and survey reports; (iv) conducting high-level advocacy among policymakers and donors to mobilize resources for the conduct of the deferred Population and Housing Census; and (v) supporting establishment and capacity building of the South Sudan "chapter" of the African network of parliamentarians as well as media networks to advocate for and give visibility to population and development linkages.

IV. Programme management, monitoring and evaluation

20. UNFPA and the Government, under the overall coordination of the Ministry of Finance and Economic Planning, will implement, monitor and evaluate the programme in accordance with UNFPA guidelines and procedures. Accountabilities of managers at country, regional and headquarters levels are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

21. The implementation modality will be a combination of the harmonized approach to cash transfers and UNFPA direct execution. The selection of implementing partners will be in accordance with the 2014 Harmonized Approach to Cash Transfers Framework. UNFPA will continuously monitor the performance of partners, which might be constrained due to the fluid security situation. The country programme may be modified by mutual consent of

the Government and UNFPA, based on the recommendations of annual review meetings, evaluations and assessments.

22. The country programme will be delivered through a core team of staff funded from the UNFPA institutional budget, regular and other mobilized resources. In addition to partnerships with other stakeholders, UNFPA will strongly rely upon South-South and triangular cooperation, seeking technical assistance from other country offices, the regional office and headquarters, complemented by international and national consultants as may be required. In order to respond to surge demands for staff capacity, UNFPA will rely on its internal surge capacity roster.

23. UNFPA will update its partnership plan and resource mobilization strategy for engagement with government institutions, civil society, bilateral donors and the private sector. In addition, collaboration with other United Nations agencies will be harnessed through joint programming and joint programmes, where feasible, to strengthen alliances and leverage resources.

RESULTS AND RESOURCES FRAMEWORK FOR SOUTH SUDAN (2016-2017)

National priority (Peace Agreement implementation area): Increased partnership with development and humanitarian partners to ensure that polices, strategies, programmes, projects and action plans are participatory

Interim Cooperation Framework outcome 2: Strengthening social services for the most vulnerable. *Indicator:* Proportion of births attended by skilled health professionals. *Baseline:* 11%; *Target:* 25%

Interim Cooperation Framework outcome 3: Strengthening peace and governance. *Indicator:* Percentage of respondents who report increased personal safety and security, disaggregated by sex. *Baseline:* 28% (male 27.1% and female 29.5%); *Target:* 50 per cent (48% and 52% respectively)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Percentage of targeted service delivery points that have seven life-saving maternal/reproductive health medicines from the World Health Organization priority list. *Baseline*: 64%; *Target*: 75% • Percentage of service delivery points that have no stock-out of contraceptives in the last six months. *Baseline*: 31%; Target: 40% • Percentage of live births attended by skilled health personnel in conflict affected states. *Baseline*: 19.4%; *Target*: 25%	Output 1: Health service providers in conflict-affected states are able to effectively deliver gender-sensitive sexual and reproductive health services, including gender-based violence response	• Number of trained service providers delivering Minimum Initial Service Package. *Baseline*: 130; *Target*: 330 • Number of health facilities providing clinical management of rape and psychological first aid. *Baseline*: 13; *Target*: 24 • Number of service providers with the knowledge and skills to provide post abortion care services. *Baseline*: 0; *Target*: 28 • Total number of people reached with sexual reproductive health and gender-based violence information and services. *Baseline*: 650,000; *Target*: 900,000	Ministries of Gender, Child Welfare and Humanitarian Affairs; Health; Youth Culture and Sports; and Education; international and national non-governmental organizations; civil society organizations; United Nations High Commission for Human Rights; UNDP; UN-Women; UNAIDS; World Health Organization; World Food Programme and World Bank	$5.0 million ($ 1.7 million from regular resources and $3.3 million from other resources)
	Output 2: Ministry of Health and its partners are able to ensure the availability of and demand for high-quality integrated reproductive health services, including family planning and fistula treatment	• Number of targeted health facilities that meet basic emergency obstetric and new born care signal function. *Baseline*: 2; *Target*: 14 • Number of midwives trained in UNFPA-supported institutions using curriculum that meet International Confederation of Midwives and World Health Organization standards and deployed as per implementation plan. *Baseline*: 242; *Target*: 384 • Number of new acceptors of modern family planning methods. *Baseline*: 28,000; *Target*: 35,000 • Number of fistula patients repaired with direct support from UNFPA. *Baseline*: 600; *Target*: 900		$15.4million ($1.7 million from regular resources and $13.7 million from other resources)
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly	Output 1: Reproductive health information and youth-friendly health services, including	• Number of targeted health facilities providing youth-friendly services. *Baseline*: 2; *Target*: 10 • Number of young people (disaggregated by gender and by age) accessing youth-friendly	Ministries of Gender, Child Welfare and Humanitarian Affairs; Health; Youth Culture and Sports; and Education;	$1.3 million ($0.8 million from regular resources and $0.5 million

increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator(s): • Number of laws and policies that allow adolescents, regardless of marital status, access to sexual and reproductive health services. *Baseline*: 2; *Target*: 3	gender-sensitive HIV/AIDS prevention, are accessible by adolescents and youth	information and services on sexual reproductive health, including HIV/AIDS prevention in 10 targeted health facilities. *Baseline*: 69,000; *Target*: 120,000	international and national non-governmental organizations; civil society organizations; and United Nations agencies	from other resources)
National priority (Peace Agreement Implementation Area(s)): Expedite the relief, protection, voluntary and dignified repatriation, rehabilitation and resettlement of IDPs (Chapter I: 2.1.2); National census (Chapter I: 2.1.13; 16.9); Data on aid flows (Chapter IV: 2.2.1.8) **Interim Cooperation Framework outcome:** Strengthening peace and governance *Indicator:* Percentage of respondents who report increased personal safety and security disaggregated by sex. *Baseline*: 27.1% male; 29.5% female; *Target*: 48% and 52% respectively				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Number of national and subnational plans that address population dynamics in setting humanitarian response and development targets. *Baseline*: 2; *Target*: 4 • Pilot census report available. *Baseline*: No; *Target*: Yes	Output 1: Improved availability and use of national and state-level data to formulate, implement and monitor policies and programmes	• Number of staff of the National Bureau of Statistics with the capacity to analyse, report on and interpret data. *Baseline*: 2; *Target*: 10 • Number of surveys and assessments conducted and analysed. *Baseline*: 1; *Target*: 5	National Bureau of Statistics and United Nations agencies	$1.6 million ($0.6 million from regular resources and $1.0 million from other resources) Total for programme coordination and assistance: $0.8 million from regular resources